

LANCASTER COUNTY
HEALTH AND DENTAL INSURANCE MONTHLY RATES
EFFECTIVE JANUARY 1, 2006 THROUGH DECEMBER 31, 2006
FOR *CORRECTIONAL OFFICERS

BLUE CROSS/BLUE SHIELD

	<u>SINGLE</u>	<u>2/4 PARTY</u>	<u>FAMILY</u>
FULL PREMIUM	\$459.22	\$1,033.26	\$1,377.64
COUNTY SHARE	<u>\$459.22</u>	<u>\$ 878.28</u>	<u>\$1,171.00</u>
*EMPLOYEE SHARE	\$ 0.00	\$ 154.98	\$ 206.64

AMERITAS DENTAL

	<u>SINGLE</u>	<u>2/4 PARTY</u>	<u>FAMILY</u>
FULL PREMIUM	\$ 24.52	\$ 55.36	\$ 86.20
COUNTY SHARE	<u>\$ 24.52</u>	<u>\$ 47.06</u>	<u>\$ 73.27</u>
*EMPLOYEE SHARE	\$ 0.00	\$ 8.30	\$ 12.93

EYEMED VISION CARE

	<u>SINGLE</u>	<u>2-PARTY</u>	<u>4-PARTY</u>	<u>FAMILY</u>
EMPLOYEE SHARE	\$ 8.38	\$ 15.92	\$ 16.76	\$ 25.14

There are four enrollment options available for health/dental/vision coverage. They are:

Single. Provides coverage for employee only.

Two-Party. Provides coverage for employee and spouse. This option does not provide coverage for children.

Four-Party. Provides coverage for employee and any number of eligible dependent children. This option does not provide coverage for a spouse.

Family. Provides coverage for employee, spouse, and any number of eligible dependent children.

* Must complete 90 days of employment before employee is eligible for County contribution.